Research Article

Effect of Age on Estimated Glomerular Filtration Rate

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Abstract
Glomerular filtration rate is the best determinant for the evaluation of renal function. It is important for the differentiation of various kidney diseases, for the evaluation of the effect and dose adjustment of various drugs. For the estimation of GFR precise methods and appropriate reference values are to be used and it is often estimated from equations that include variables like age, sex, race, creatinine and cystatin C. In the earlier studies, the variable results of the effects of age and sex on renal function were observed. So, the present study was conducted to estimate and compare the eGFR both creatinine and cystatin C based in apparently healthy subjects of different age groups. It was observed that there was decline in estimated GFR in both creatinine and cystatin based with increase in the age in both the genders. Hence, depending on the equation used for the estimation of GFR, the reference range adjusted for different age groups should be taken into consideration.

Keywords: Glomerular filtration rate, age, sex, eGFR

Introduction
Glomerular filtration rate (GFR) is the best measure for the assessment of renal function. GFR is important for the categorization of different renal diseases, for the evaluation of the effect and adjustment of dose of various drugs and to check the renal function in potential kidney donors. For the determination of GFR accurate methods and adequate reference values are to be used. In the previous studies, the effects of age and sex on renal function showed variable results (1). GFR is often estimated from equations that include age, sex, race, creatinine and cystatin C as main variables (2). In a normal adult population, serum creatinine shows modest correlation with age, whereas the creatinine clearance (CCL) decreases appreciably with age (3). The decrease in the GFR with age is the main reason for the predisposition of chronic kidney disease (CKD) in old age (4). The definition of chronic kidney disease by the US National Kidney Foundation recommends, regardless of the age, a single GFR cut-off of 60 ml/min/1.73m² (5). The various equations for the calculation of estimated GFR (eGFR) includes the Cockcroft and Gault (CG) formula and the simplified modified diet in renal disease (MDRD) equation, reexpressed MDRD equation, CKD-EPI equations both based on creatinine and cystatin C. The MDRD formula gives a direct estimate of GFR whereas the original CG formula gives an
estimate of CCL (3). In the past decade, there has been increase in the awareness of CKD. The guideline issued by the Kidney Disease Outcomes Quality Initiative (K/DOQI) from the National Kidney Foundation has increased the interest in CKD worldwide. In the past various studies showed that there is decline in eGFR in older age as compared to younger patients. Though eGFR is an excellent forecaster of progression to end stage kidney disease (ESKD) in patients of all age groups, but there is huge difference in the absolute risk of ESKD in patients of different age having similar levels of eGFR and at any given level of eGFR, the older patients are less likely to develop ESKD (6). In the general population, male gender, hypertension, diabetes, older age are the well-built risk factors for development of kidney disease but the involvement of hypertension with succession of renal disease may be decreased at older ages (7). So, the present study was conducted to estimate and compare the eGFR both creatinine and cystatin C based in apparently healthy subjects of different age groups.

**Material and Method**

The present study was conducted in the department of Biochemistry, Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana, Ambala. 100 apparently healthy subjects in the age range of 17 years and above of either sex were selected. They were further divided into two groups according to their age i.e 17-49 years and 50 years and above. Under all aseptic conditions, 5 ml of venous blood sample was collected from antecubital vein of the subjects after an overnight fasting of 10-12 hours for biochemical analysis. Serum Cystatin C estimation was done by Enzyme Linked Immunosorbent Assay (ELISA) as described by Pergande M (8). The serum creatinine was estimated by Jaffé’s Alkaline Picrate method (9). The estimated GFR was calculated using creatinine-based (eGFR-creatinine) and cystatin C-based (eGFR-cys) equations.

The “reexpressed” Modification of diet in renal disease (MDRD) study equation for standardized serum creatinine: (10)

\[
\text{eGFR (mL/min/1.73 m}^2\text{)} = 175 \times \text{serum creatinine (mg/dL)}^{-1.154} \times \text{age(years)}^{-0.203} \times 0.742 \ (\text{if female}) \times 1.212 \ (\text{if black})
\]

CKD-Epidemiology Collaboration (EPI) cystatin C equation adjusted for age, sex, and race: (10)

\[
\text{eGFR} = 127.7 \times \text{serum cystatin C (mg/L)}^{-1.17} \times \text{age (years)}^{-0.13} \times 0.91 \ (\text{if female}) \times 1.06 \ (\text{if black})
\]

**Results**

In the present study, 100 apparently healthy subjects in the age range of 17 years and above were selected. They were further divided into two groups according to their age i.e. 17-49 years and 50 years and above. The mean eGFR-cys in 17-49 years was 195.96 ml/min/1.73 m² and in the age group 50 years and above, the mean eGFR-cys was 119.76 ml/min/1.73 m². When the comparison was done between the mean eGFR-cys in both the age groups, the p-value was 0.001, which is statistically significant. The comparison was also done between the mean eGFR-creatinine in both the age groups. It was observed that the mean eGFR-creatinine in 17-49 years age group was 93.82 ml/min/1.73 m² and in the 50 years and above age group, the mean eGFR-creatinine was 74.76 ml/min/1.73 m². When the comparison of eGFR both cystatin C and creatinine based were done in the males and females of both age groups, significant difference was observed. There is decrease in the eGFR both creatinine and cystatin C based with age in both the genders.
Table 1: Mean eGFR in both the age groups

<table>
<thead>
<tr>
<th></th>
<th>Age group</th>
<th>Number</th>
<th>Mean (ml/min/1.73m²)</th>
<th>Standard deviation (ml/min/1.73m²)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>eGFR of cystatin c</strong></td>
<td>17-49 years</td>
<td>50</td>
<td>195.96</td>
<td>126.713</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>50 years &amp; above</td>
<td>50</td>
<td>119.76</td>
<td>82.286</td>
<td></td>
</tr>
<tr>
<td><strong>eGFR of creatinine</strong></td>
<td>17-49 years</td>
<td>50</td>
<td>93.82</td>
<td>16.684</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>50 years &amp; above</td>
<td>50</td>
<td>74.76</td>
<td>14.211</td>
<td></td>
</tr>
</tbody>
</table>

p-value<0.05, statistically significant

Table 2: Mean eGFR in males and females of both the age groups

<table>
<thead>
<tr>
<th></th>
<th>Age group</th>
<th>sex</th>
<th>Number</th>
<th>Mean (ml/min/1.73m²)</th>
<th>Standard deviation (ml/min/1.73m²)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>eGFR of cystatin c</strong></td>
<td>17-49 years</td>
<td>Female</td>
<td>23</td>
<td>196.04</td>
<td>135.152</td>
<td>0.031</td>
</tr>
<tr>
<td></td>
<td>50 years &amp; above</td>
<td>Female</td>
<td>16</td>
<td>110.94</td>
<td>82.757</td>
<td></td>
</tr>
<tr>
<td><strong>eGFR of creatinine</strong></td>
<td>17-49 years</td>
<td>Female</td>
<td>23</td>
<td>84.52</td>
<td>14.343</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>50 years &amp; above</td>
<td>Female</td>
<td>16</td>
<td>66.38</td>
<td>11.803</td>
<td></td>
</tr>
<tr>
<td><strong>eGFR of cystatin c</strong></td>
<td>17-49 years</td>
<td>Male</td>
<td>27</td>
<td>195.89</td>
<td>121.671</td>
<td>0.008</td>
</tr>
<tr>
<td></td>
<td>50 years &amp; above</td>
<td>Male</td>
<td>34</td>
<td>123.91</td>
<td>82.978</td>
<td></td>
</tr>
<tr>
<td><strong>eGFR of creatinine</strong></td>
<td>17-49 years</td>
<td>Male</td>
<td>27</td>
<td>101.74</td>
<td>14.453</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>50 years &amp; above</td>
<td>Male</td>
<td>34</td>
<td>78.71</td>
<td>13.653</td>
<td></td>
</tr>
</tbody>
</table>

p-value<0.05, statistically significant

Table 3: Reference value of eGFR by different researchers

<table>
<thead>
<tr>
<th>Researchers</th>
<th>Sample size</th>
<th>Age range (years)</th>
<th>Population</th>
<th>GFR (ml/min/1.73m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogeman et al (17)</td>
<td>36 men 20 women</td>
<td>20-30</td>
<td>Healthy</td>
<td>122±13 men 124±13 women</td>
</tr>
<tr>
<td>Wesson et al (18)</td>
<td>347 men 141 women</td>
<td>1-89</td>
<td>Healthy status not confirmed</td>
<td>130 men 120 women</td>
</tr>
<tr>
<td>Back et al (19)</td>
<td>67</td>
<td>21-77</td>
<td>Healthy volunteer, healthy status confirmed</td>
<td>20-50 years, 100±22 51-65 years, 83±25 66-80 years, 72±20</td>
</tr>
<tr>
<td>Vervoort et al (20)</td>
<td>23 men 23 women</td>
<td>28±6</td>
<td>Healthy volunteer, healthy status confirmed</td>
<td>107±11</td>
</tr>
<tr>
<td>Hoang et al (21)</td>
<td>94 men 65 women</td>
<td>18-88</td>
<td>Healthy volunteer, healthy status confirmed</td>
<td>&gt;40 years,104±15 &lt;55 years,81±17</td>
</tr>
<tr>
<td>Fehrman-Ekholm and Skeppholm (22)</td>
<td>32 men 20 women</td>
<td>71-110</td>
<td>Elderly, active subjects</td>
<td>68±11</td>
</tr>
<tr>
<td>Grewal and Blake (15)</td>
<td>208 men 216 women</td>
<td>19-72</td>
<td>Living kidney donors, healthy status confirmed</td>
<td>&gt;40 years, 103±16</td>
</tr>
<tr>
<td>Barai et al (13)</td>
<td>250 men 360 women</td>
<td>20-45</td>
<td>Indian Living kidney donors, healthy status confirmed</td>
<td>81±19</td>
</tr>
</tbody>
</table>

Discussion
In the present study, it was observed that both eGFR-creatinine and eGFR-cys decreases with age in both the sexes. Similar results were observed by other researchers (Table 3). It was believed that the process of senescence is associated with decline in GFR, and it is a universal phenomenon in individuals after the age of 30 years. Besides aging, the presence of co-morbid disorders in the elderly can also influence the rate of decline of GFR. This phenomenon was also observed in females, but the value of GFR in
advanced age is usually lower in women as compared to men (11). This decrease in GFR with age is usually accompanied by alterations in renal structure (12). As the age advances there is steady increase in the percentage of glomeruli affected by glomerulosclerosis. By and large there in decrease in the number of functioning nephrons with aging even in the absence of any disease. However, it was supposed that the decline in GFR was due to progressive alteration in the vascular tree or due to angiotensin II or oxidative stress and telomere shortening. The process of “normal” aging is associated with progressive loss of nephron mass, glomerulosclerosis, nephrosclerosis, and an increase in interstitial volume (11). In a cohort study conducted by Hare et al, it was observed that, at eGFR ≥ 45 ml/min per 1.73 m², there was rapid decline in GFR in older patients as compared to younger patients and when the eGFR≤ 45 ml/min per 1.73m², the eGFR declined more slowly in older than in younger patients (6). Wetzels et al demonstrated that the reference value of MDRD-GFR decreases with age. In their study, for men >60 years and women >50 years, GFR of 60 ml/min/1.73 m² is within the normal reference range (12). In another study conducted by Barai et al, on potential kidney donors, it was found that no significant difference in the GFR between males and females in 20–30 or 30–40 year age groups, but significantly higher GFR was observed in females than in males in the age group of 41–45 years, suggesting slow or no progression in females with age (13). Many authors have showed decline in GFR with age but without taking gender into consideration (1). In a meta-analysis study, a decline of 4 ml/min/1.73m² up to 50 years and 10ml/min/1.73m² after 50 years using inulin or radioactive EDTA was shown (14). In a study conducted by Grewal et al also observed that the GFR remained stable till the age of 40 years and thereafter declined at a rate of 9.1ml/min/1.73m² per decade (15). In the MDRD study, patients with normal renal function were not included and thereby lacking precision and the systematic underestimation of GFR around 60 mL/min/1.73m². The K-DIGO recommendation defines GFR below 60 mL/min/1.73m² as a disease, without considering the age. This recommendation was based on eGFR and the greater risk of mortality with eGFR below 60 mL/min/1.73m². Though the bias was less significant with the new CKD-EPI equation, but the meticulousness remains suboptimal (16).

Conclusion

Hence, in the present study, it was observed that there was decline in estimated GFR in both creatinine and cystatin based with increase in the age in both the sexes. So while estimating the GFR the age adjusted reference ranges depending on the equation used should be taken into consideration.

Competing Interests

The data used in the study was a part of the MD (Biochemistry Thesis) of Dr. Pallavi Mahajan at Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana, Ambala. The author declares no conflict of interest.

References

decline in the general population. BMC Nephrol. 2017; 18: 77.